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May 19, 2004

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The Honorable Elias Zerhouni, M.D.
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Dear Dr. Zerhouni:

In a letter dated April 27, 2004, Subcommittee Chairman Mark Souder asked you to provide a review of the scientific literature on a number of issues related to syringe exchange programs and harm reduction. In addition to stating a categorical bias against harm reduction strategies, the letter includes a selective review of the existing literature and, according to numerous experts in the field, misrepresents the findings of key studies.

As you know, there have been a number of thorough reviews of the scientific evidence related to the efficacy of needle exchange and other harm reduction programs in preventing the spread of HIV and other blood-borne illnesses. Most significant among these is the review conducted by the Department of Health and Human Services in 2000. Summarizing this report, then-Surgeon General David Satcher concluded:

After reviewing all of the research to date, the senior scientists of the Department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.¹

In order to ensure that NIH's response to Chairman Souder's letter provides a complete picture of what harm reduction research has demonstrated, we would encourage you to ensure that your response addresses the following:

¹ D. Satcher, Department of Health and Human Services, *Evidence-Based Findings on the Efficacy of Syringe Exchange Programs: An Analysis of the Scientific Research Completed Since April 1998* (Mar. 17, 2000).

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1. Strategies that have proven successful in reducing the risk of HIV-infection among IV-drug users;
2. The role played by harm reduction programs in stemming the spread of HIV in the United States;
3. The relative rate of HIV infection in cities that have implemented harm reduction programs versus those that have not;
4. Evidence comparing HIV-treatment regimen compliance among IV-drug users with compliance among non-IV drug users; and
5. The use of harm reduction strategies in areas other than HIV and drugs, such as speed limits, seat-belt laws, minimum age for alcohol consumption, and public education and peer outreach concerning smoking

We look forward to your response. Please direct any questions concerning this letter to Sarah Despres or Tony Haywood, at (202) 225-5420.

Sincerely,



Henry A. Waxman
Ranking Minority Member



Elijah E. Cummings
Ranking Minority Member
Subcommittee on Criminal Justice,
Drug Policy and Human Resources